### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: IMANI II RESIDENTIAL TREATMENT FACILITY (310140)

Address: 3614 N 39TH ST, MILWAUKEE, WI 53216

**License Status: REGULAR** 

Licensed/Certified/Registered 09/09/1992

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

### **Survey History**

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Survey ID: 0090503 End Date: 06/03/2003 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10006792 Served 06/24/2003

Deficiencies Cited 50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS  50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM  83.14(1)(c) UNIVERSAL PRECAUTIONS  83.14(1)(d) FIRE SAFETY, FIRST AID & CHOKING  83.33(2)(g)1 HEALTH MONITORING-COMMUNICABLE DISEASE  83.33(3)(j)1 DESTRUCTION OF MEDICATIONS  83.35(5)(c) FROZEN AT 0 DEGREES F. OR BELOW  83.41(10)(a) BUILDING MAINTENANCE  83.41(4)(b)2 GAS FURNACE SERVICED EVERY 3 YEARS  83.42(2)(a) EVALUATION RESIDENT EVACUATION LIMITS	
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83.42(2)(a) EVALUATION RESIDENT EVACUATION LIMITS	
83.42(3)(b) EMERGENCY PLAN POSTED	
83.42(8)(a) FIRE EXTINGUISHER	
83.42(8)(b) FIRE EXTINGUISHER	
83.43(4)(b)3 BATTERY OPERATED AND 5 YEAR DELAY	
83.51(3)(a) SMOKE SEPARATION	
83.53(2)(a) DOORS EXCEPT PATIO DOORS	
83.55(4)(e) SAFETY	

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## **Enforcement History**

Date: 06/23/2003 SOD #10006792 Appealed: No

**Sanctions** 

PROVIDE TRAINING OTHER SANCTION

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.42(2)(a) FORFEITURE---83.43(4)(b)3

FORFEITURE---ACCRUING FOFEITURE

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